

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**
2003 JUL 16 PM 4:10

The Instruction Guide explains how to complete this form.

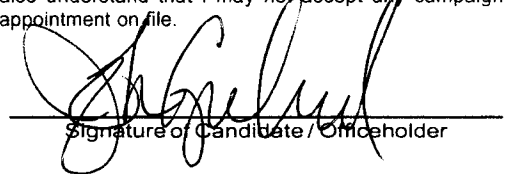
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

JOSHUA J. COPELAND

2 ACCOUNT # (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**.. Complete A & B below *only* if you are a candidate ..**A. CAMPAIGN FUNDS**Check only one:☒

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

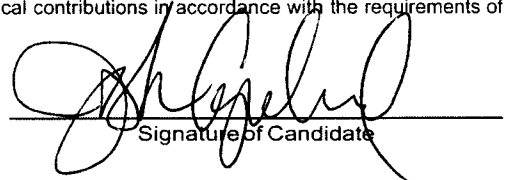
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETSCheck only one:☒

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate**5 OFFICEHOLDER**.. Complete this section *only* if you are an officeholder ..☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 2003 JUL 16 PM 4:09
APPLICANT
(Ethics Commission filers)
0

2 Total pages this report:

1/11

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Joshua S.
NICKNAME LAST SUFFIX
Copeland

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 781386
San Antonio TX 78278

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Howard W.
NICKNAME LAST SUFFIX
Peak

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS

(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
238 Medford
San Antonio TX 78209

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
() -

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☒ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
04/24/2003 07/01/2003

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05 03 2003 ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
Other 8

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

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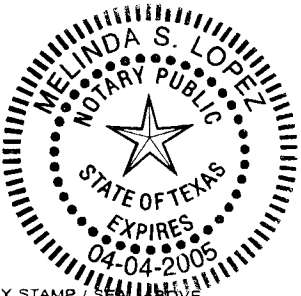
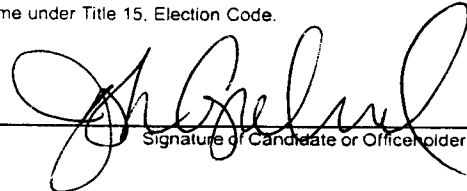
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission files)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5900.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8061.99
EXPENDITURE TOTALS		
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT	
 <p>AFFIX NOTARY STAMP / SEAL ABOVE</p>	<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p> Signature of Candidate or Officeholder</p> <p>Sworn to and subscribed before me, by the said <u>Josh Copeland</u>, this the <u>16th</u> day of <u>July</u>, 20<u>03</u>, to certify which, witness my hand and seal of office.</p> <p><u>Melinda S. Lopez</u> <u>Melinda S. Lopez</u> <u>Notary</u> Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS COH & SPAC)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

2003 JUL 16 PM 4:09

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/11	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission files) 0	
4 Date 05/01/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Edward Barron 6 Contributor address; City; State; Zip Code P.O. Box 677 Helotes TX 78023	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/05/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. James Bastoni Contributor address; City; State; Zip Code 106 Ottawa Run San Antonio TX 78231	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Charles Foster Contributor address; City; State; Zip Code 11723 Elmscourt San Antonio TX 78230	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GSABA-SABPAC Contributor address; City; State; Zip Code 8925 IH-10 W. San Antonio TX 78230	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/01/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Scott Helbling Contributor address; City; State; Zip Code 2302 Windsor Rd. Austin TX 78703	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A 1**
(FOR FORMS C/OH & SPAC)

2003 JUL 16 PM 4:09

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/11	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 04/25/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. James Kahan 6 Contributor address; City; State; Zip Code 175 E. Houston St. Room 1264 San Antonio TX 78205	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Howard W. Peak Contributor address; City; State; Zip Code 238 Medford San Antonio TX 78209	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Raba-Kistner P.A.C., Inc. Contributor address; City; State; Zip Code P.O. Box 690287 San Antonio TX 78269-0287	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/06/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Baltazar Sema Jr. Contributor address; City; State; Zip Code 120 Villita San Antonio TX 78205	Amount of contribution (\$) 800.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) USAA Group P.A.C. Contributor address; City; State; Zip Code Building OP-1E San Antonio TX 78288	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

2003 JUL 16 PM 4:10

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 5/11	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission file) 0	
4 Date 04/30/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vulcan Materials,P.A.C. 6 Contributor address; City; State; Zip Code P.O. Box 530187 Birmingham AL 35353	7 Amount of contribution (\$) 300.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/03/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. G.W. Worth Contributor address; City; State; Zip Code 6929 Camp Bullis Road San Antonio TX 78256	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURESCITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

2003 JUL 16 PM 4:10

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 6/11	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 06/20/2003	5 Payee name AT&T Wireless	7 Amount (\$) 461.54	
6 Payee address; City; State; Zip Code P.O. Box 650054 Dallas TX 75265-0054			
8 Purpose of expenditure (See instructions regarding type of information required.) Wireless Services		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 04/27/2003	Payee name Allegra Print and Imaging	Amount (\$) 86.43	
Payee address; City; State; Zip Code 338 Breesport San Antonio TX			
Purpose of expenditure (See instructions regarding type of information required.) Flyers		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 04/30/2003	Payee name Allied Advertising	Amount (\$) 443.18	
Payee address; City; State; Zip Code 3700 Blanco San Antonio TX 78212			
Purpose of expenditure (See instructions regarding type of information required.) Printing		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 04/28/2003	Payee name Mrs. April Barrios	Amount (\$) 60.00	
Payee address; City; State; Zip Code 5475 Southcross Ranch #23 San Antonio TX 78221			
Purpose of expenditure (See instructions regarding type of information required.) Administrative Assistance		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

2003 JUL 16 PM 4:10

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 7/11	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 06/22/2003	5 Payee name Josh Copeland	7 Amount (\$) 602.00	
6 Payee address; City; State; Zip Code 3445 Turtle Village Dr. San Antonio TX 78230-3937			
8 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement - gas expenses Jan-May		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/08/2003	Payee name Election Support Services, Inc.	Amount (\$) 4500.00	
Payee address; City; State; Zip Code 5309 McCullough San Antonio TX 78212			
Purpose of expenditure (See instructions regarding type of information required.) Direct mail and phone bank support		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/05/2003	Payee name Enterprise Car Rental	Amount (\$) 96.83	
Payee address; City; State; Zip Code 10150 Hwy281 San Antonio TX 72816			
Purpose of expenditure (See instructions regarding type of information required.) Car rental for election weekend		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/30/2003	Payee name Frost National Bank	Amount (\$) 60.00	
Payee address; City; State; Zip Code P.O. Box 1600 San Antonio TX 78296			
Purpose of expenditure (See instructions regarding type of information required.) Jan-Jun service charges		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURESCITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

2003 JUL 16 PM 4:10

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 8/11	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 05/03/2003	5 Payee name HEB Grocery 6 Payee address; City; State; Zip Code 12777 I-10 West San Antonio TX 78230	7 Amount (\$) 75.12	
8 Purpose of expenditure (See instructions regarding type of information required.) Event food		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/30/2003	Payee name Ms. Jo Ann Karambis Payee address; City; State; Zip Code 9650 Datapoint San Antonio TX 78229	Amount (\$) 695.00	
Purpose of expenditure (See instructions regarding type of information required.) Final rent		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 04/27/2003	Payee name Lowe's Payee address; City; State; Zip Code San Antonio TX 78229	Amount (\$) 148.87	
Purpose of expenditure (See instructions regarding type of information required.) Sign supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/25/2003	Payee name Office Depot Payee address; City; State; Zip Code 3713 Colony Dr. San Antonio TX 78230	Amount (\$) 14.65	
Purpose of expenditure (See instructions regarding type of information required.) Photo copies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

2003 JUL 16 PM 4:10

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 9/11	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission file) 0	
4 Date 04/24/2003	5 Payee name Paper Plus 6 Payee address; City; State; Zip Code 8842 Broadway San Antonio TX 78217	7 Amount (\$) 24.04	
8 Purpose of expenditure (See instructions regarding type of information required.) Envelopes		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 04/25/2003	Payee name Postmaster Payee address; City; State; Zip Code 12951 Huebner Road San Antonio TX 78230	Amount (\$) 19.33	
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 04/26/2003	Payee name Postmaster Payee address; City; State; Zip Code 12951 Huebner Road San Antonio TX 78230	Amount (\$) 111.00	
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 04/30/2003	Payee name Postmaster Payee address; City; State; Zip Code 12951 Huebner Road San Antonio TX 78230	Amount (\$) 46.00	
Purpose of expenditure (See instructions regarding type of information required.) Stamps		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURESCITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

2003 JUL 16 PM 4:10

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 10/11	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 05/15/2003	5 Payee name Republican Men's Club of Bexar County 6 Payee address; City; State; Zip Code San Antonio TX		7 Amount (\$) 100.00
8 Purpose of expenditure (See instructions regarding type of information required.) Dinner tickets		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/20/2003	Payee name SBC Payee address; City; State; Zip Code P.O. Box 4845 Houston TX 77097		Amount (\$) 381.20
Purpose of expenditure (See instructions regarding type of information required.) Office Phones		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/03/2003	Payee name Wings-n-More Payee address; City; State; Zip Code IH-10 West San Antonio TX 78230		Amount (\$) 46.80
Purpose of expenditure (See instructions regarding type of information required.) Event Food		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE G**

2003 JUL 16 PM 4:10

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 11/11
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0
4 Date 06/20/2003	5 Payee name Time Warner Cable 6 Payee address; City; State; Zip Code P.O. Box 650734 Dallas TX 75265-0734	8 Amount (\$) 90.00
7 Purpose of expenditure (See instructions regarding type of information required.) Internet Services		<input checked="" type="checkbox"/> Reimbursement from political contributions intended